

IV

THE ALMONER IN THE VENEREAL DISEASES SERVICE

By DOROTHY MANCHÉE, Author of "Social Service
in the Clinic for Venereal Diseases."

IN every V.D. Clinic the skilled services of medical and nursing staffs are available to those patients capable of realising their value. Unfortunately many are unable for various reasons to take advantage of this skilled knowledge ; the single girl from ignorance, the pressure of work or instability of her life ; the married woman because of domestic duties or resentment at the necessity for treatment.

In overcoming such obstacles to regular attendance the help of an experienced almoner is invaluable, for her special knowledge of the amenities of the various social agencies will enable her to obtain help for patients in such matters as travel, fares, diet, employment or the care of children, which may be deciding factors in the maintenance of treatment. I believe that many Medical Officers hesitate to employ the services of an almoner, under the misapprehension that she would interfere with their work ; whereas the trained woman with the right personality will help to overcome the difficulties that some patients encounter in following the medical advice. Take as a simple example, the case of the destitute girl. Of what use is it to treat her disease, either as an out-patient or in the wards, unless she is assisted to work, unless a home is found for her and the encouragement is forthcoming that will enable her to start life again ? Sent away with no such help, where is she to turn for food and lodging if not to those very sources to which it is least desirable that she should return ?

Just as medical and nursing knowledge is the result of years of patient study, so is present-day social work. The Medical Officer who is prepared to take a third partner into the Clinic staff will, if he chooses wisely, find in her the complement to his own work and that of his

nursing staff. As no almoner is the least use unless she has skilled social knowledge, even more useless is she who looks as if she had! Most patients have a profound respect for the medical staff and so often withhold a confidence, which, appearing trivial to them, would be of great value in deciding treatment; the lay worker is very often the one who obtains such information and can let the doctor know in time. Finding homes and jobs, listening to joys and sorrows and overcoming difficulties, gives the almoner a valuable knowledge of her patients, which can give to her medical staff the advantages of the "family doctor" in his knowledge of the personality of his patients.

One often hears it said that a Clinic "manages very well without an almoner" and this statement may appear correct. Thinking a little deeper, however, one wonders how many maternity patients, for example, arrive in the right type of ward for their confinement. Do many of them not default from treatment and thus give birth to diseased children: are many not admitted to "clean wards" and mother and child hastily transferred on discovery of *ophthalmia neonatorum*? How many of those new patients who defaulted were destitute girls who needed lodgings, work and food, as well as that first treatment? How many found attendance unbearable with no one at home in whom they could confide and a busy Clinic staff with no time for the safety valve of temper or tears? How many marriages took place too soon because patients "didn't like" or "didn't think" to mention such a thing to the doctor?

Not every doctor is suitable for work in a V.D. Clinic, neither is every almoner. For this reason it is vital that the Chief shall make his own choice. The right type of personality, a desire to help people, if vocation is too strong a word to use, as well as skilled knowledge and training are necessary. Those Medical Officers who have little faith in almoners have probably made an unfortunate choice or had to bear with someone else's!

Now as to her duties, which admit of no sharp line of demarcation, these fall under five headings:—reception of patients; following up; overcoming of obstacles to attendance; care of maternity patients and children; and the keeping of records; while a certain small percentage of men in need may be referred to her. These

ALMONER IN VENEREAL DISEASES SERVICE

duties will vary according to the individual Clinic and the particular views of its Chief, and will from time to time need adjustment to changing circumstances. Since the almoner is a specialist in her own work, she must accept the responsibility. On any point involving medical knowledge, she will defer to the medical staff but she should otherwise be free to act on her own initiative or half her value will be lost. As she will loyally support the authority of her medical staff, they must be prepared to co-operate with her. Any friction between the medical, nursing and almoning staffs will always cause harm among the patients, who quickly sense a mutual respect and co-operation or the reverse! It will be found most practical if all matters involving principle are discussed only with the Chief and in any case communication between the medical staff and the almoner should always be direct, never through the Sister or nurses. In this way only can a sound working basis be established.

A patient's reception at her first attendance as a rule determines whether or not she will continue to attend. Women, being differently constituted to men and perverse creatures at best, will be neither frightened nor bullied into having treatment if they dislike the atmosphere of the place, are made to feel guilty, or think it unjust that they should suffer the indignity of treatment as a result of their husband's misdoings. For this reason alone it is helpful if the first contact is made with a lay worker who will not be present at the medical examination and can therefore meet the patient on a more equal footing. In those first few minutes, often emotional, if the patient feels she is not wasting a doctor's time but is merely talking with another woman, she will nearly always disclose the key to the trouble. The almoner can then be trusted to make a note on the medical card of the symptoms, probable source of infection and fear of pregnancy, and the Medical Officer has thus at a glance the elementary facts on which to base his enquiries. The patient who has unburdened herself is more disposed later to accept help and advice if need be than if she had concealed her true story. From the patient's point of view this is much more helpful than seeing the doctor first. Again with girls referred by Probation Officers, Rescue Workers and social agencies, it is the almoner who hears at first hand the individual difficulty, and it is thus

much simpler and easier for the girl to speak alone first with the lay worker in the Clinic.

If this first contact has been well made, it will assist in no small measure the task of following-up. Even when patients default for a long time leaving no permanent address, they will often return weeks or even months later, remembering a friendly atmosphere. Methods of following-up vary with individual Clinics. In some the medical staff lay aside the notes of those patients they wish pursued ; in others the almoner inspects systematically the files at regular intervals ; a third method is that of "diarying forward" the date when a patient should re-attend. It is of course a matter for the Medical Officer to decide in principle and the almoner in detail. Personally, I prefer the middle course ; it saves the medical staff considerable time and labour and it is more satisfactory to the one responsible for following-up as it is less likely that any will be overlooked, and the notes of bad defaulters are thus kept frequently in mind.

The almoner soon gets to know those who can be trusted to re-attend, even though a day or so late ; those for whom a letter would have disastrous results ; the careless ones who will need a reminder ; and the best procedure to meet individual circumstances. Any case of doubt can be referred to the medical staff while in many Clinics are some patients whom it will be inadvisable to pursue. As in all other branches of her work, no difficulty will arise where medical and almoning staffs work in harmony. Usually the best method of following-up is first by the routine letter and secondly by a personal note followed, if there is no response, by a visit. The quicker it can be done the better, for some patients move frequently while others, having stayed away for a considerable period with apparently no bad results, are reluctant to return or are fearful of reproof. Personally, I believe all defaulters worth the trouble of visiting, except the general maid, to whom it is unjustly embarrassing. It is surprising how often letters go astray through curious neighbours or are tossed aside without being read. Most patients will respond to the interest taken if the visitor is natural and friendly ; others are flattered that the doctor should be interested in their cases ; and if the visitor is known personally, a nod or glance in the street will often have the desired effect !

ALMONER IN VENEREAL DISEASES SERVICE

The benefit of visiting cases is well illustrated by that of a child of two years, a congenital syphilitic, the child of an unmarried mother. A letter sent to the mother was returned marked "gone away" so the house was visited. A garrulous neighbour confided that the mother was in prison for ill-treating the child, whom the police had taken away. With the co-operation of the police the child was traced, and a medical report was sent to the Home. Since this baby was subsequently adopted by the County Council until the age of 16, much valuable time was saved. It remains only to add that the visitor did not disclose that she came from hospital, nor were the police informed of the reason for her wishing to trace the baby.

In many cases one finds a neighbour can describe the house where a family has moved, though no one knows the postal address, and letters are returned through the Dead Letter Office or, more frequently, destroyed. Sometimes it transpires that a patient was taken ill, with jaundice or salpingitis for instance, and admitted to another hospital. This is easily checked and the Medical Officer thus given the opportunity of getting into communication with the hospital, where desirable.

To see a patient in her home gives a very different and much truer picture than that seen in the Clinic. More at ease and less strained, she often admits the reason for default, information which if of value the visitor will pass to the medical staff. Such reasons often include nausea after treatment, fear that treatment may conclude desired pregnancy, or some other anxiety. It should be understood that whereas a full knowledge of the later effects of the diseases will give the visitor greater patience in pursuit and a sustained desire to persevere with a defaulting patient, in no circumstances should the visitor attempt to enlighten or terrify the patient. Such education as is necessary is the work of the medical staff who should be asked to speak severely on those rare occasions when, for instance, an expectant mother cannot be persuaded by the lay worker to attend regularly. Obstacles to attendance can be grouped roughly into those affecting the destitute girl or the girl in trouble and those preventing the married woman from leaving her home. There are endless social ways of obtaining suitable medical treatment, and the almoner will plan according to individual circumstances on a basis of medical recommendation.

BRITISH JOURNAL OF VENEREAL DISEASES

Many girls attending a Clinic for the first time are destitute, driven there through despair or fear. Many are strangers to the town, having been sent there originally to work and had nowhere to go on losing their jobs or on finding them undesirable. On very rare occasions such a girl will turn for help to the police, but as a rule fears to do this or does not think of such a course. Without work or friends, such girls drift to the common lodging house and so to the street where work is beyond reach and they become fast enmeshed in this vicious circle unless some helping hand is held out to them.

Such girls need work and a decent lodging and the conviction that someone cares and still trusts in them. This is the opportunity for the lay worker in the Clinic, who can by her help in these directions strengthen the bond with the Clinic until medical treatment is completed. Sometimes girls want to go home but are frightened to do so ; sometimes they are expectant mothers with no one to care or to help. Some are defiant, lazy, vain and selfish, but always with that streak of better nature that patience and understanding will in the long run call to the front.

Medical help is necessary for the cure of disease, but social help is of great value in the prevention of further infection.

In making individual plans the almoner will need the guidance and help of the medical staff, since many questions will arise, such as the suitability for different types of work and home, the frequency with which attendance will be necessary and the length of treatment. Lest any misunderstanding arise, it is usually best for the almoner, in making such enquiry, to state clearly the plan she had in mind, such as work in a factory, whether with food or machines ; domestic post ; whether or not with little girls in the house ; if a room must be shared, and so on.

The married patient often has no one with whom she can leave the children and may be worried about another baby on the way. She often resents attending the Clinic, and frequent attendances may lead to constant domestic quarrels, with eventual default from treatment. There is sometimes lack of money for travel to the Clinic, of food and of boots ; frequently the man has been long unemployed and the couple are desperate. By material help

ALMONER IN VENEREAL DISEASES SERVICE

and wholesome sympathy for husband and wife, the lay worker is sometimes the means of helping the couple to recover their own sense of proportion, as a result of which they may be encouraged to complete treatment and make a fresh start.

The almoner should keep a special record of maternity patients whose notes are watched constantly for attendance and suitability of plans. It is always safer and more satisfactory for these to be passed to the Medical Officer for an opinion as to whether confinement should take place at home or in hospital and, if the latter, whether special care is necessary involving booking in the V.D. wards of the respective hospitals. Such notes can be given to him at regular intervals for approval with an indication as to the stage of pregnancy and the proposed plan. The almoner can then overcome any difficulty or reluctance on the part of the patient and can arrange for her to attend the Ante-natal department of the hospital to which she is in due course to be admitted. Even then she needs following up, the care of the children may have to be arranged and the husband seen. In certain cases care has to be exercised to ensure that she is admitted in time to the correct hospital, and that in due course mother and baby are recalled to the Clinic for further observation and, if necessary, treatment.

A fair example of such a case is that of Mrs. D. who lived in Bucks. Fares were obtained for a short period of attendance until owing to severe complications admission became necessary. Since the voluntary hospitals could not allocate a maternity bed for the necessary period of weeks, a vacancy was obtained in Sheffield Street Hospital, and the guarantee of payment arranged between the respective County Councils. Two small children had to be admitted to nurseries since there was no one to care for them and the husband had to be seen to overcome his objections and to complete plans. As a result, the new baby arrived successfully and the parents reported with him in due course. In this case only two days were available in which to complete arrangements. Often with new patients in labour or miscarriage there are only a few hours in which to place the mother in a hospital, get babies admitted to nurseries, or domestic help provided for the home, husbands notified and County Councils conciliated.

BRITISH JOURNAL OF VENEREAL DISEASES

Responsibility for the care of records and medical notes is a valuable asset, for it means that they are always available for watching and following-up and that no patient can attend without the almoner's knowledge. In this way she can give a friendly word of encouragement and is also enabled to speak to the doctor if necessary at the time that he is seeing the patient. In addition to the medical notes, some form of case paper or follow-up card should be made for each patient which will indicate the name and address and any outstanding features. Both from these addresses and from visiting, the almoner soon acquires a valuable knowledge of her district and of the types of people likely to be found in certain roads and houses. Since she can recognise in many cases the accommodation address, the common lodging house and the area of ill repute, she can assist the medical staff to adopt the course of action most helpful to the individual. In certain cases this will necessitate admission to hospital or hostel, or more constant reporting than would otherwise be necessary.

By handling the notes constantly and knowing her patients individually, the almoner can on occasion supply information regarding certain reactions to treatment or can conduct any enquiry for statistics required by the medical staff, apart from the routine figures needed for the annual return. Through her patients, she sees a considerable number of men, among whom are husbands, fathers, fiancés and the more casual "boy friends." Some of these may be patients in the Male Clinic, who often seek an interview or are brought by their women folk. Others are those referred by the medical staff for some form of help. Among the latter are such cases as the destitute man admitted to the ward ; men unable to pay their fares or offering this excuse for non-attendance ; those requiring surgical appliances or convalescence ; or youngsters who could profitably be put in touch with some Youth Organisation. The following examples may serve to illustrate the use of social work in this connection.

J.H., aged 46, S., was admitted to the ward penniless and hopeless. On his discharge clothes had to be provided and, convalescence being recommended, a "free letter" was obtained. A vacancy in his old firm was offered in response to an appeal from the hospital and lodgings were arranged through the British Legion. Mr. H. recovered

ALMONER IN VENEREAL DISEASES SERVICE

his self-respect and earned a good report from the Staff Superintendent.

G.D., aged 24, could neither read nor write, his parents having been wanderers. Working as a labourer with a decent wage, he was ashamed and found his handicap an obstacle to normal social relationships. Put in touch with a large social group of men, he was taken in hand by a retired schoolmaster longing to teach, and was drawn into the recreations of the Club.

Occasionally the provision of some specific help will set a man on his feet, *e.g.* getting a workman's tools out of pawn or the gift of a dress suit to a waiter. A store of clothes is a great help, and much of the stock will be provided by the more well-to-do patients or can be obtained on appeal to interested friends. In winter, heavy coats and shoes are often in demand, and a gift of overalls or aprons often results in a job since many girls have no means of obtaining such items. Money for charitable purposes is always a source of anxiety except in those rare cases where a regular grant is made by the hospital authorities. Somehow, however, the money is always scraped together or can be raised in individual circumstances from outside agencies. As a rule money is never given to the patient except on those occasions when to pay a bill and return with the receipt is valuable for a girl's morale.

Apart from these more formal duties, a woman with the right personality will find endless jobs which will help to ease the running of the Clinic. As the lay worker it is her privilege to undertake those odd tasks which always need doing in any sphere, and she should be ready to sympathise and help in any capacity with no loss of prestige. One of her difficulties in any Clinic is dealing with the enquirer or interested relative or employer. Although of course medical information is never given, if those enquiries are not treated with tactful courtesy and the patient informed, trouble is likely to arise. A doctor's certificate stating that she is fit for work will on occasion bridge a difficulty, or the assurance in general terms that in no circumstances would the hospital allow a patient to remain at that particular job if she were unfit to do so. A friendly warning to a patient breaking probation to go and report will often save a warrant and its consequences. If the right spirit exists, the almoner is

trusted to see the patient through on those occasions when she does not want a curious relative to realise the significance of attendance. A friendly talk in the patient's presence will smooth many difficulties in the home. Thus a young wife may be accompanied by her mother who, possibly disliking the girl's husband, may be a source of trouble and cause general unhappiness if allowed to suspect infection.

A husband or a father who objects to a girl having treatment sometimes seeks an interview or can be induced to see the almoner. Here again obstacles can as a rule be overcome if she sets out to break down resistance by inviting the man's help in getting his wife or child better. "A bad quarter of an hour" is in many cases a solid foundation for mutual respect and co-operation.

Finally, where is the right type of almoner to be found and what sort of qualifications and experience are likely to give the best results? Since a qualified worker obviously demands a higher salary, is she worth the extra expense? I propose first to outline the recognised training and then to say why I believe the trained worker to be desirable. Candidates are selected and trained by the Institute of Hospital Almoners, Tavistock House (North), Tavistock Square, W.C., which issues a certificate on completion of the required training. This includes a two-year course for non-graduates, or one year for graduates at a Social Study Department at certain of the Universities and entails obtaining the Social Science Certificate. The course includes social history, economics, legislation and psychology and provides a foundation of knowledge on which to base practical work. Four months' work with the Charity Organisation Society and similar agencies gives valuable experience in home visiting, interviewing many types of people, as well as much useful experience in letter writing and office routine. This results in self confidence in approaching social agencies and local authorities. The last eleven months are spent in hospital under the direct guidance of working Almoners. This period is made as varied as possible and offers experience in general, special and municipal hospitals and clinics. This practical work is divided between London and the provinces.

On completion of training the candidate becomes an "Associate of the Institute of Hospital Almoners." It

ALMONER IN VENEREAL DISEASES SERVICE

will be obvious that she has had the opportunity to study and acquire the most constructive approach to social problems and should have that most valuable technical asset, the knowledge of "how to find out." The freemasonry which exists between Associates gives her the power to call for help on behalf of her patients and thus to smooth their path in many ways in transferring to another hospital or town.

By no means is their bond of common interest to be despised, for it helps to widen interests and sympathies, and the almoner working in a V.D. department feels that she is part of a larger group. This is essential in the interests of her patients, I am convinced, for a woman with no vision beyond her own post will in the long run defeat her own ends. The very qualifications and professional status that enable her to change her post is the life-giving force that makes her an asset in the job she holds.

There are outstanding examples of "Almoners" who though unqualified are doing work of the highest standard. Such exceptional personalities are to be found in each generation, but as a general principle the unqualified woman in the V.D. department is an even greater danger than the unqualified teacher. To grow old and hopeless, with no hope of promotion or opportunity for change will not develop and maintain that normal healthy outlook so essential if patients are to be helped.

The commencing salary for the young assistant is at the rate of £200 p.a. while hospitals usually cover superannuation, and many allow lunch and tea. The almoner with sufficient experience and capability of undertaking the charge of a department receives on an average £250-£300. Since it is obviously more economical to utilise her time in doing social work rather than in filing and entering laboratory results, she will need some clerical assistance, if not at the outset, after a very short period. The clerk as a rule becomes responsible for the daily statistics and typing of letters, often including those of the medical staff. In the large Clinics which are open for twelve hours daily, some relief must also be provided in the shape of a part-time if not whole-time assistant and much work may be done in the course of a year by the almoner students. If Medical Officers approve of the principle of almoners, they have a great opportunity of helping to train the Almoner student who spends only a

month to six weeks at a time in the Clinic. During this time she is acquiring the principles of the work, visiting, interviewing patients, and, most valuable, learning how to adjust herself to the medical staff. To those Medical Officers who will explain errors and spend time in helping the embryo almoner most grateful thanks are due. In this, above all other departments, a normal understanding of the medical approach is invaluable, as incidentally is normal discussion on problems hitherto untouched by the student.

In conclusion, too much emphasis cannot be laid on the need of co-operation and harmony in the team of medical, nursing and almoning staff. Each has a different training, a different outlook and differing duties, but all are united by the common bond of service. Each wants the patient to get well and to keep well, and all can add their quota, however small, to the work of prevention. In a very real sense it is team work that can use failure as an incentive to further effort and success as encouragement to greater endeavour.